

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**  
THE LAW OFFICE OF JOHN A. FIALCOWITZ, LLC  
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Local Counsel for the Official Committee  
of Asbestos Claimants

Case No.: 18-27963

Chapter: 11

In Re:  
DURO DYNE NATIONAL CORP.

Adv. No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Judge: Michael B. Kaplan

**CERTIFICATION OF SERVICE**

1. I, Paulette Godfrey :

represent \_\_\_\_\_ in this matter.

am the secretary/paralegal for Law Office of John A. Fialcowitz, who represents  
Official Committee of Asbestos Claimants in this matter.

am the \_\_\_\_\_ in this case and am representing myself.

2. On May 26, 2020, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

Monthly fee statements of Caplin & Drysdale, Chartered, Charter Oak Financial Consultants, LLC and Gilbert LLP  
and the Law Office of John A. Fialcowitz, LLC

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: May 27, 2020

/s/ Paulette Godfrey  
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

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